-	99	0		Doturn	of Organiza	tion Examp	t Erom Inc	omo	Tax		OMB No. 1545-0047
Form	33	U I		Return	or Organiza	tion Exemp		ome	Idx		2020
			Under s	section 501(c),	, 527, or 4947(a)(1)	of the Internal Rev	venue Code (ex	cept pi	ivate found	ations)	2020
Departr	nent of th	ne Treasury		Do not er	nter social security	numbers on this	form as it may	be mad	le public.		Open to Public
		e Service		► Go to	www.irs.gov/Form	990 for instructio	ns and the late	st info	mation.		Inspection
A F	or the 2	2020 calend	ar y <u>ear, o</u> i	r tax year begi	nning	07	7-01, 2020 ,a	and enc	ling	0	6-30 , 20 21
B CI	neck if ap	plicable:	C Nar	ne of organization H a	abitat for Hu	manity Inc c	of the New	River	. Valley	D Emp	loyer identification number
A A	ldress ch	nange	Doir	ng business as							54-1367548
Na	ame char	nge	Nur	nber and street (or F	P.O. box if mail is not deliv	ered to street address)		Room/s	uite	E Telep	ohone number
Ini	tial returi	n	1675	5 North Fr	anklin Street	:					(540)381-1144
E Fi	nal returr	n/terminated	City	or town, state or pr	ovince, country, and ZIP of	r foreign postal code				G Gros	s receipts
Ar	nended r	eturn	Chri	istiansbur	g, VA 24073					\$	2,311,422
	plication	pending			rincipal officer: Kate	Means			H(a) Is this a d	group return	for subordinates? Yes X No
<u> </u>		1 4 5		e as C abo					H(b) Are all s		
L Ta	x-exemp	ot status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527				st. See instructions
		► N/A	001(0)(0)) (H(c) Group e		
			Corporation	Trust As	sociation Other		L Year of format	ion: 19			gal domicile: VA
Par	`	Summar							07 14		
i ui				anization's mis	eion or most signific	ant activities: U-	bitat for	Uumai	aitur of	tho N	ew River Valley
											des affordable
e									ii that	provi	des allordable
Governance		nousing	to qual	lifying lo	w income fami	lies inadequ	ately hous	sed.			
ern											
Š				-	on discontinued its o					1	I
ന പ			-	-	erning body (Part V						13
Activities &			•	0	ers of the governing		,				13
viti	5	Total numbe	of individ	uals employed i	in calendar year 202	20 (Part V, line 2a)					48
Acti				eers (estimate if		•••••					
	7a 1	Total unrelat	ed busines	ss revenue from	n Part VIII, column (C), line 12			• • • • •	. 7a	0
	b	Net unrelate	d business	s taxable incom	e from Form 990-T,	Part I, line 11				. 7b	0
									Prior Year		Current Year
	8	Contributions	and grant	ts (Part VIII, line	ə1h)			•	1,311	,190	289,670
ne	9	Program ser	vice reven	ue (Part VIII, lir	ne 2g)			•			1,200,227
Revenue	10	Investment ir	icome (Pa	rt VIII, column ((A), lines 3, 4, and 7	d) (b		•	(45	,912	265
Re	11	Other revenu	e (Part VI	II, column (A), li	ines 5, 6d, 8c, 9c, 10	oc, and 11e)			531	,862	776,843
	12	Total revenue	e - add line	es 8 through 11	(must equal Part VI	II, column (A), line 1	12)		1,797	,140	2,267,005
	13	Grants and s	imilar amo	ounts paid (Part	IX, column (A), line	s 1-3)			13	8,844	9,215
	14	Benefits paid	to or for r	nembers (Part	IX, column (A), line	4)					0
	15	Salaries, oth	er compen	sation, employe	e benefits (Part IX,	column (A), lines 5-	-10)		513	,159	582,460
ses	16a	Professional	fundraisin	g fees (Part IX,	column (A), line 11	e)					0
Expenses	b	Total fundrai	sing exper	nses (Part IX, cr	olumn (D), line 25)	•	106,069				
Ä	17	Other expension	ses (Part I	X, column (A), I	ines 11a-11d, 11f-24	le)			361	,395	2,117,598
	18	Total expens	es. Add li	nes 13-17 (mus	stequal Part IX, colu	mn (A), line 25)				,398	2,709,273
		•		,	18 from line 12 .					742	(442,268)
۲ %			•						inning of Curre	-	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, lir	ne 16)					3,084		2,405,782
Asse Bala				,						,201	335,477
und /				,	t line 21 from line 20				2,512		2,070,305
Par		Signatu						•		1010	270707000
					urn, including accompany	ing schedules and statem	nents, and to the bes	t of my kno	wledge and bel	ief, it is	
true, c	orrect, ar	nd complete. Dec	laration of pr	eparer (other than o	fficer) is based on all infor	mation of which preparer	has any knowledge.				
		Tim	Drader								
Sign			e of officer							Da	te
Here		ů		Encoutin	Dimostor						
nere			Drader , Drint name an		e Director						
		Print/Type pre			Preparer's signature		Date		<u> </u>	□	PTIN
Daid									Check	if	
Paid		Joshua			Joshua Arthu	Ir	05-12-20		self-em	ployed	P01609583
Prep		Firm's name	•		rthur CPAs				Firm's EIN 🕨		
USe	Only	Firm's address	6 Þ	PO Box					Phone no.		
					ansburg VA 24						381-2340
May t	he IRS	discuss this	return with	the preparer s	hown above? (see i	nstructions)					X Yes 🗌 No

Form	990 (2020) Habitat for Humanity Inc of the New River Valley	54-1367548	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Habitat for Humanity of the New River Valley is an independent affiliate of	Habitat for	Humanity
	International that provides affordable housing to qualifying low income fam:	ilies inadequ	uately
	housed.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,964,342 including grants of \$) (Revenue	\$ 1,200	,227)
	Provided affordable housing to low income families. The organization builds		<u> </u>
	provides zero interest financing for many of the homes it sells.		
4b	(Code:) (Expenses \$486,223 including grants of \$) (Revenue		,222)
	The organization operates a retail store where donated building materials as		
	furniture, and appliances are sold at discounted prices. Net proceeds also h	help fund oth	her
	program services.		
4c	(Code:) (Expenses \$ 9,215 including grants of \$) (Revenue	\$)
	The organization helps support the global home construction mission of Habit		/
	International.	Lat IOI Human	iicy
	international.		
d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,459,780	·	
EA		Forr	n 990 (2020)
		. 011	

	990 (2020) Habitat for Humanity Inc of the New River Valley 54-13675	48	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	x	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ţ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	x	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		x
12a	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	~	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2020) Habitat for Humanity Inc of the New River Valley 54-13675	48	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part. II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

	990 (2020) Habitat for Humanity Inc of the New River Valley 54-13675	648	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e r		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		—
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2020)
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Form	990 (2020) Habitat for Humanity Inc of the New River Valley 54-13675		P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		
•	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
о 7а	Did the organization have members or stockholders?	0		x
10	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		x
D.	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
•	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form 2	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	404		
800	organization's exempt status with respect to such arrangements?	16b		Ĺ
17 18				
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
1.5	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jim Drader (540)381-1144, 1675 North Franklin Street, Christiansburg, VA 24073			

Form 990 (20	20) Habitat for Humanity Inc of the New River Valley	54-1367548	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's	tax year.		
List oll	of the organization's ourrent officers, directors, tructoes (whether individuals or organizations), regardless	o of amount of	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	itoa organizat									
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one	n	Reportable	Reportable	Estimated amount
	hours		x, unless person is both ar ficer and a director/trustee)					compensation	compensation	of other
	per week							from the	from related	compensation from the
	(list any	Ind or i	Ins	Office	Ke	Hic	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and
	hours for related	direc	tituti	icer	em	ploy	Former	(related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	Jstee	trust		ee	Ipen				
	dotted line)	U	ee			Highest compensated employee				
(1) Jim Drader	40.00									
Executive Director				х				84,375	0	0
(2) Michelle Fortier	40.00									
Executive Director				х				16,342	0	0
(3) John Ross	2.00									
Board Member		х						0	0	0
(4) Holly L Lesko	2.00									
Vice Chair		x						0	0	0
(5) Susan Icove	2.00									
Chair FISH		х						0	0	0
(6) Linda DeVito	2.00									
Board Member		х						0	0	0
(7) Travis Folden	2.00									
Board Member		х						0	0	0
(8) Jim Rakes	2.00									
Board Member		х						0	0	0
(9) Don Mullins	2.00									
Board Member		х						0	0	0
(10)Crystal Hollins	2.00									
Board Member		х						0	0	0
(11)Steve Jones	2.00									
Treasurer		x						0	0	0
(12)Larry Day	2.00									
Ex Officio Member		х						0	0	0
(13)Ted Koebel	2.00									
Secretary		х						0	0	0
(14)Tom Sherman	2.00									
Ex Officio Member		х						0	0	0
EEA										Form 990 (2020)

Form 990 (2020) Part VII

Habitat for Humanity Inc of the New River Valley

54-1367548 Page 8

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (contin	(continued	Employees	Compensated E	. and Highest C	ev Emplovees	Trustees.	Directors.	Officers.	Section A	art VII 👘
--	------------	-----------	---------------	-----------------	--------------	-----------	------------	-----------	-----------	-----------

					(C Posi									
	(A) Name and title	(B) Average		not chec	ck mo	ore th			(D) Reportable	(E) Reportable		Fetim	(F) ated am	ount
		hours	1				s both an /trustee)		compensation	compensation			of other	
		per week							from the organization	from related organizations			npensati rom the	on
		(list any hours for	or di	Instit	Officer	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC		orga	nization	
		related	ecto:	ution	er	Key employee	est ci oyee	ler				relate	d organiz	ations.
		organizations below	or director	Institutional trustee		oyee	ompe							
		dotted line)	ee	stee			Highest compensated employee							
(4 =) -														
	bby Parker	2.00	x						0		0			0
	trick Doan	2.00												
	ficio Member	2.00	x		-				0		0			0
(17)Jo Ireas	rdan Stidham	2.00	x		x				0		0			0
	te_Means	2.00							0					
Chair			x		x				0		0			0
	ry A Bonadeo	<u>2.0</u> 0							^					~
(20)	opment Chair		x		x				0		0			0
(04)					_									
(21)														
(22)														-
(23)														
(24)														
(25)														
1b	Subtotal							▶						
С	Total from continuation sheets to Part VII, Sect	ion A .				•								
d	Total (add lines 1b and 1c)							►	100,717		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		sted a	ibove)	wh	o re	eceived	mo	ore than \$100,000	of				
		-											Yes	No
3	Did the organization list any former officer, direct		•				-		•					
	employee on line 1a? If "Yes," complete Schedul										•••	3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
	individual											4		x
5	Did any person listed on line 1a receive or accrue										••	-		<u>_</u>
	for services rendered to the organization? If "Yes	s," complete	Sched	lule J	for	suc	h perso	n				5		х
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										oor			
	(A)			ichidai	yuu			/1011	(B)		car.	(C)		
	Name and business addres	s							Description of servic	es		Compens	ation	
							-+							
2	Total number of independent contractors (includin	-			liste	ed a	above) v	who	C					
	received more than \$100,000 of compensation fro	m the organi	zation	►										

Form 99	<u> </u>				nit	y Inc of the	New River Va	alley	54-13675	48 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontain	s a respons	e or n	ote to any line in thi	is Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .	•••		1a					
s so	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	•••		1c					
S, G	d	J			1d					
Gifts ar A	е				1e	86,475				
ns, Simi	f		<i>'</i> 0	,						
utio Ter 0		and similar amounts not in			1f	203,195				
Gth	g									
Con		lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••				289,670			
	0-					Business Code	1 000 005	1 000 007		
8						236000	1,200,227	1,200,227		
je vi	b									
n Se	C d									
Program Service Revenue	d e									
rog	-	All other program service	rovor							
а.		Total. Add lines 2a-2f .					1,200,227			
							1,200,227			
	3	Investment income (includi other similar amounts) .					265	265		
	4	Income from investment of								
	5	Royalties		•	•					
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)				· · · · · · •				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
Jue		and sales expenses								
evel		Gain or (loss)								
Other Revenue		Net gain or (loss) Gross income from fundrai			• • •	· · · · · · •				
othe	od	events (not including \$	Ising							
0		of contributions reported o	n line	2						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
		Net income or (loss) from f			s .	· ►				
		Gross income from gaming		Ū						
		activities, See Part IV, line			9a					
	b	Less: direct expenses .			9b					
	С	Net income or (loss) from g	gami	ng activities		· · · · · · •				
	10a	Gross sales of inventory, le	ess							
		returns and allowances .			10a	675,639				
	b	Less: cost of goods sold	•••		10k	44,417				
	С	Net income or (loss) from s	sales	of inventory	′	· · · · · · •	631,222	631,222		
						Business Code				
ŝ		Miscellaneous				900099	15,221	15,221		
anc		PPP Loan Forgiven	less			900099	130,400	130,400		
Miscellanous Revenue	C									
Mis R		All other revenue								
		Total. Add lines 11a-11d					145,621		_	
	12	Total revenue. See instru	ction	s			2,267,005	1,977,335	0	0

orm 990 (2	2020)	Habitat	for	Humanity	Inc	of	the	New	River	Valley
Part IX	Statement of	Function	al Ex	penses						

Part IX	Statement of Functional Expenses			
Section 50	1(c)(3) and 501(c)(4) organizations must complete all o	columns. All other orga	nizations must complete colun	nn (A).
	Check if Schedule O contains a response or note to	any line in this Part IX		

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all concerning the context of the contex	Ŭ.	•		
Dor	not include amounts reported on lines 6b, 7b,		(B)	(C)	<u></u> (D)
	b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
<u>00, s</u> 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	9,215	9,215		
2	Grants and other assistance to domestic	9,215	9,215		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	° °				
	organizations, foreign governments, and				
4	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 515	50 350	05 150	05 150
6	trustees, and key employees	100,717	50,359	25,179	25,179
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	419,674	369,460	107	50,107
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9		21,403	12,872	2,936	5,595
10		40,666	32,965	1,942	5,759
11	Fees for services (nonemployees):				
a					
b		2,750	2,750		
c		14,235		14,235	
d					
e	Professional fundraising services. See Part IV, line 17 .				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	29,980	12,518	17,326	136
12	Advertising and promotion	21,254	1,678	1,240	18,336
13	Office expenses	8,878	6,130	2,198	550
14	Information technology				
15	Royalties				
16		124,623	108,507	16,116	
17		10,170	5,503	4,667	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		7,338	145	7,193	
21	Payments to affiliates	7,275		7,275	
22	Depreciation, depletion, and amortization	9,267		9,267	
23		69,339	66,181	3,158	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Cost of property sold	1,694,178	1,694,178		
b	Repairs and maintenance	18,110	5,000	13,110	
С	Supplies and equipment	26,462	18,536	7,860	66
d	Bank and merchant fees	16,504	16,267	156	81
е	All other expenses	57,235	47,516	9,459	260
25	Total functional expenses. Add lines 1 through 24e.	2,709,273	2,459,780	143,424	106,069
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				Form 000 (2020)

Fo

Form	990 (20 t X	D20) Habitat for Humanity Inc Balance Sheet	c of	the New River Va	lley 5	4-13	67548 Page 11
	• •	Check if Schedule O contains a response or note to any	/ line ir	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			686,574	1	205,359
	2	Savings and temporary cash investments		F	79,826	2	924,831
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	170
	5	Loans and other receivables from any current or former	officer	, director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	ions (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	958(c)(3)(B)		6	
	7	Notes and loans receivable, net		[647,023	7	737,749
Assets	8	Inventories for sale or use		[38,238	8	32,723
Ass	9	Prepaid expenses and deferred charges		[18,355	9	16,095
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	116,605			
	b	Less: accumulated depreciation	10b	73,021	22,931	10c	43,584
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .		1,590,278	13	443,722	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,549	15	1,549		
	16	Total assets. Add lines 1 through 15 (must equal line 3	33) .		3,084,774	16	2,405,782
	17	Accounts payable and accrued expenses			26,759	17	46,831
	18	Grants payable	• • •			18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sche	edule D	(2,198)	21	2,374
SS	22	Loans and other payables to any current or former office	er, dire	ctor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
dei.		controlled entity or family member of any of these perso	ns			22	
-	23	Secured mortgages and notes payable to unrelated thin	d parti	ies	216,082	23	154,426
	24	Unsecured notes and loans payable to unrelated third p		F	330,400	24	130,400
	25	Other liabilities (including federal income tax, payables	to relat	ted third			
		parties, and other liabilities not included on lines 17-24).	. Comp	olete Part X			
		of Schedule D			1,158	25	1,446
	26	Total liabilities. Add lines 17 through 25			572,201	26	335,477
		Organizations that follow FASB ASC 958, check here	e •	× x			
es		and complete lines 27, 28, 32, and 33.					
anc	27			•••••	2,484,936	27	2,038,309
Bal	28				27,637	28	31,996
pu		Organizations that do not follow FASB ASC 958, che	ескпе	re ▶ 🗌			
ĿFu	20	and complete lines 29 through 33.				20	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen		· · · · · · · · · · · · · · · · · · ·		29 30	
set	30 31	Retained earnings, endowment, accumulated income, o				30	
t As	32	Total net assets or fund balances		F	2,512,573	31	2,070,305
Ne	33	Total liabilities and net assets/fund balances		-	3,084,774	33	2,405,782
	55		• • •	••••	5,004,//4	- 55	Eorm 900 (2020)

Form 990 (2020)

Form	990 (2020) Habitat for Humanity Inc of the New River Valley 5	4-136754	8	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	267,	,005
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	709,	273
3	Revenue less expenses. Subtract line 2 from line 1	3	(442,	,268)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	512,	573
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	070,	305
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		
EEA			Form	990 (2	2020)

SCHEDULE A Public Charity Status and Public Support						. -	OMB No. 1545-0047				
(For	m 99	0 or 990-EZ)	Complete if the organiz			2020					
Dene					to Form 990 or Form		. (,(),		Open to Public		
		of the Treasury enue Service	► Got	o www.irs.gov/Fo	orm990 for instructions	and the I	atest info	rmation.	Inspection		
Name	of the	e organization						Employer identificati	on number		
Hab	ita		nity Inc of the					54-136754			
Pa	rt I	Reason	for Public Charity	y Status. (All o	rganizations must o	complete	this par	t.) See instruction	S		
The	orga				s 1 through 12, check onl	•					
1	Ц				urches described in sect	• • •					
2					Schedule E (Form 990 c						
3		•	• •	0	n described in section 1						
4			•	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(III). Enter the			
5		•	e, city, and state:		university owned or opera	atod by a c	novoromon	tal unit described in			
5		-)(1)(A)(iv). (Complete	-		aleu by a g	joverninen				
6		•		,	init described in section	170(b)(1)	(A)(v).				
7	x	-		0	of its support from a gov			m the general public			
		0	ection 170(b)(1)(A)(vi	•				0			
8			rust described in secti								
9		An agricultural	research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colle	ge		
		or university or	a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or			
	_	university:									
10		-	-		3 1/3% of its support from						
				•	subject to certain excepti		,				
					siness taxable income (le		,	rom businesses			
11			•		section 509(a)(2). (Com test for public safety. Se		,				
12	П	•	•	•	the benefit of, to perform			carry out the numose	2		
		•	•		bed in section 509(a)(1)						
				-	ne type of supporting orga			• • •			
	а	_	-		rised, or controlled by its		•		•		
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the			
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.						
	b			•	ontrolled in connection w		-	.,			
					on vested in the same pe	rsons that	control or r	nanage the supported			
			on(s). You must comp								
	С				anization operated in co				ith,		
	d		•		u must complete Part I g organization operated i				vp(a)		
	u				generally must satisfy a d				(3)		
					e Part IV, Sections A a						
	е	_		-	determination from the IF			Type II, Type III			
			-		ntegrated supporting orga		,				
	f	Enter the numb	per of supported organ	izations							
	g	Provide the foll	owing information abo	ut the supported or	ganization(s).						
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of		
					(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)		
						Yes	No				
(A)											
(P)											
(B)											
(C)				1	1						
(C)											

(E)

	ITT II Support Schedule for Organization (Complete only if you checked the second seco	e box on line	bed in Secti 5, 7, or 8 of F	ons 170(b)(1 Part I or if the)(A)(iv) and organization	failed to quali	/i)
	Part III. If the organization fails to	o qualify under	the tests list	ed below, ple	ease complet	e Part III.)	
	ction A. Public Support	(-) 0040	(1-) 0047	(-) 0040	(-1) 0040	(-) 0000	(f) T = (=)
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") Tax revenues levied for the	439,835	435,328	499,129	1,311,190	289,670	2,975,152
2	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	439,835	435,328	499.129	1,311,190	289,670	2,975,152
5	The portion of total contributions by	1357033	1557520	1557125	1/511/190	2057070	
-	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						71,870
6	Public support. Subtract line 5 from line 4						2,903,282
Se	ction B. Total Support					·	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	439,835	435,328	499,129	1,311,190	289,670	2,975,152
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	118	799	1,237	439	265	2,858
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4,605	2,476	64,847	13,090	15,221	100,239
	Total support. Add lines 7 through 10.	·				40	3,078,249
	Gross receipts from related activities, etc. (so						4,734,916
13	First five years. If the Form 990 is for the or						
50	organization, check this box and stop here ction C. Computation of Public Suppor	· · · · · · · · · · ·	••••••	• • • • • • • • •			<u></u> ►
14	Public support percentage for 2020 (line 6, c			column (f))		14	94.32 %
15			-			15	<u>94.32</u> % 95.59 %
-	33 1/3% support test - 2020. If the organiza						
100	box and stop here. The organization qualifie						
k	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	-		-			
	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the facts				-	-	
	organization			-	-		
k	o 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization						►
18	Private foundation. If the organization did n	ot check a box	on line 13, 16	a, 16b, 17a, or	17b, check thi	s box and see	
	instructions						

			7 Inc of th			54-136754	8 Page 3
Pa	rt III Support Schedule for Organiz						
	(Complete only if you checked t						der Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part I	ll.)	
	ction A. Public Support		1	1	I	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
-	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without chargeTotal. Add lines 1 through 5						
6 70	Amounts included on lines 1, 2, and 3						
1a							
h	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ũ	line 6.)						
Sec	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(.,		(0) = 0.10	(,	(0) = 0 = 0	(1)
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						<u></u> ► 🗌
	ction C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8, c					15	%
16	Public support percentage from 2019 Sched					16	%
Sec	ction D. Computation of Investment Inc		-				
17	Investment income percentage for 2020 (line					17	%
18	Investment income percentage from 2019 So					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-				
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-	-		
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	a, or 19b, cheo	ck this box and	see instruction	s 🕨 📋

Part	le A (Form 990 or 990-EZ) 2020 Habitat for Humanity Inc of the New River Valley 54-13675 t IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part		•	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)	
Sect	ion A. All Supporting Organizations		Vee	N
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	N
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
Ju	lines 3b and 3c below.	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
N	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	00		
Ŭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
τu	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ти		
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
-	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
u	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- Uu		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
Ŭ	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	50		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
5	determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Point 4720, to	10b		
	Schedule A (

Part IV Supporting Organizations (continued)		Yes	No
11 Line the experimentian eccentral a gift or contribution from any of the following persons?		163	
11 Has the organization accepted a gift or contribution from any of the following persons?			i i
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Page 5

1

2

1

Yes No

Schedule A (Form 990 or 990-EZ) 2020 Habitat for Humanity Inc of the New River Valley 54-1367548

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting orga 	ng trust or	n Nov. 20, 1970 <i>(expla</i>	-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	norganization

Schedule A (Form 990 or 990-EZ) 2020

Sched	Habitat for Humanity Inc t V Type III Non-Functionally Integrated 509(a)(3				7548 Page 7
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the	o organization in rooman	ii vo	7	
0	(provide details in Part VI). See instructions.	e organization is respons	aive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
·	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021 . Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				
EEA			:	Sched	lule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

J	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Go to www.irs.gov/Form990 for the latest information.

2020

Internal Revenue Service	
Name of the organizati	nn

Name of the organization	Employer identification number
Habitat for Humanity Inc of the New River Valley	54-1367548
Organization type (check one):	

Filers of:	Section:				
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Habitat for Humanity Inc of the New River Valley

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Cary Hopper 107 S Main Street	\$15,384	Person x Payroll Noncash (Complete Part II for
	Blacksburg VA 24060		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BAE Systems 4050 Peppers Ferry Rd Radford VA 24141	\$10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Town of Blacksburg 300 S Main St Blacksburg VA 24062	\$41,425	Person x Payroll
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 Virginia Housing Development Auth 601 S Belvidere St Richmond VA 23220	(c) Total contributions (c) 21,800	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 Virginia Housing Development Auth 601 S Belvidere St	Total contributions	Type of contribution Person x Payroll
<u> </u>	Name, address, and ZIP + 4 Virginia Housing Development Auth 601 S Belvidere St Richmond VA 23220 (b)	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>4</u> (a) No.	Name, address, and ZIP + 4 Virginia Housing Development Auth 601 S Belvidere St Richmond VA 23220 (b) Name, address, and ZIP + 4 Blacksburg Presbyterian Church 701 Church St SE	\$(c) (c) 	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for Noncash (Complete Part II for Image: Complete Part II for

Employer identification number

54-1367548

Name of organization

Habitat for Humanity Inc of the New River Valley

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is h	
(a) No.	(b) Name, address, and ZIP + 4	(b) (c) address, and ZIP + 4 Total contributions	
7	Jersey Mike's Corporate 2251 Landmark Place	\$15,442	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Manasquan NJ 08736 (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Douglas Garnett-Deankin 404 Dunton Dr Blacksburg VA 24060	\$15,384	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Patrick Carroll PO Box 240 Washington Grove MD 20880	\$6,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	National Bank 100 S Main St Blacksburg VA 24060	\$7,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	United Way of NRV PO Box 6202 Christiansburg VA 24068	\$11,646	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions 	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 54–1367548

SCI	CHEDULE D Supplemental Financial Statements					OMB No. 1545-0047			
Part IV, line 6, 7, 8, 9, 10			rganization answered "Yes" on Form 990,					2020	
			Attach to Form 990.					Open to	Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest inform				ormation			Inspect		
							entification		
Iab	itat for Huma	nity Inc of the New River V	alley		-	- 54-1	36754	8	
		tions Maintaining Donor Advised F		r Funds or A					
	Complete	if the organization answered "Yes" or	n Form 990, Part IV, lin	ne 6.					
			(a) Donor advis	ed funds		(1) Funds a	nd other accour	nts
1	Total number at er	nd of year							
2	Aggregate value of	f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	-	n inform all donors and donor advisors in w	-						
~	•	nization's property, subject to the organizati	-		••••			. 🗌 Yes	∐ No
6	-	in inform all grantees, donors, and donor ad							
		purposes and not for the benefit of the donc ssible private benefit?						. 🗌 Yes	No
Pa		vation Easements.		••••	• • • • •	•••		163	
1 4		e if the organization answered "Yes" o	n Form 990, Part IV, li	ne 7.					
1		servation easements held by the organization							
		f land for public use (e.g., recreation or edu		Preservat	ion of a his	torical	y import	ant land are	а
	Protection of n		,	=	ion of a cer				
	Preservation o	f open space							
2	Complete lines 2a th	nrough 2d if the organization held a qualified	d conservation contributio	n in the form o	f a conserv	ation			
	easement on the la	ast day of the tax year.					Held at	the End of th	e Tax Year
а	Total number of co	nservation easements				2a			
b	Total acreage rest	ricted by conservation easements				2b			
С	Number of conserv	vation easements on a certified historic stru	cture included in (a) .			2c			
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and not on a	l					
		5				2d			
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or ter	rminated by th	e organizat	tion du	ring the		
	tax year ►								
4		where property subject to conservation eas		- h					
5	•	tion have a written policy regarding the period		•					
6		preement of the conservation easements it h							∐ No
6		hours devoted to monitoring, inspecting, ha	and the second	eniorcing cons	ervalion ea	Semer	ns dunni	y the year	
7	Amount of expense	 es incurred in monitoring, inspecting, handli	ng of violations and enfor	cina conserva	tion easem	ents d	urina the	vear	
•	► \$		ng or violations, and error	oning contactiva	lion casem		uning the	your	
8		vation easement reported on line 2(d) abov	e satisfy the requirements	of section 17)(h)(4)(B)(i)			
	and section 170(h)	,	•			,		. 🗌 Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its reven	ue and expens	e statemen	t and		_	_
	balance sheet, and	include, if applicable, the text of the footnot	e to the organization's fin	ancial stateme	nts that des	scribes	s the		
		ounting for conservation easements.							
Ра		zations Maintaining Collections			or Other	Sim	ilar As	ssets.	
		te if the organization answered "Yes"							
1a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement	and balanc	e shee	t works		
		asures, or other similar assets held for publ				of pub	lic		
		Part XIII the text of the footnote to its finar							
b	•	elected, as permitted under FASB ASC 958	•						
		ures, or other similar assets held for public	exhibition, education, or re	esearch in furtl	herance of	public	service,		
	•	ng amounts relating to these items:							
	.,								
_		d in Form 990, Part X					▶ \$		
2	-	received or held works of art, historical trea			al gain, pro	vide th	ne		
-	•	required to be reported under FASB ASC 9	•						
a L		on Form 990, Part VIII, line 1							
b	Assets included in	Form 990, Part X					▶ \$		

-	D		De du ettern	A at Matian		Instructions	£		00
FOr	Pa	Derwork	Reduction	ACT NOTICE.	see the	Instructions	TOL	Form 8	19U.

	ule D (Form 990) 2020 Habitat for Hum						54-136			2 age
Pai	rt III Organizations Maintaining	Collections of	Art, Histor	ical Trea	sures,	or Ot	her Similar A	Assets (a	contin	nued)
3	Using the organization's acquisition, accession	n, and other records,	check any of	the following	g that mal	ke signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or ex	change p	orogram	S			
b	Scholarly research		е 🗌	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they furth	er the orgar	nization's	exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or	receive donations of	art, historical	reasures, o	r other si	milar				
	assets to be sold to raise funds rather than to	be maintained as pa	art of the orgai	nization's co	llection?.			🗌 Ye	es	No
Pa	rt IV Escrow and Custodial Arrar	ngements.								
	Complete if the organization a	answered "Yes"	on Form 99	0, Part I	V, line 9	9, or re	ported an an	nount on	Form	า
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contribut	ions or othe	r assets	not				
	included on Form 990, Part X?							🗌 Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII a									_
		·	U				A	mount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	0,									
f	Ending balance									
2a	Did the organization include an amount on For							X X	es	No
b	If "Yes," explain the arrangement in Part XIII.									1
	rt V Endowment Funds.								<u> </u>	
	Complete if the organization a	answered "Yes"	on Form 99	0. Part I	V. line 1	10.				
		(a) Current year	(b) Prior ye		Two years		(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	(,, , , , , , , , , , , , , , , , , , ,			.,		()			
b	Contributions									
c	Net investment earnings, gains, and									
•	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
•	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt vear end halance	line 1 a colun	n (a)) held	as.	I				
	Board designated or guasi-endowment	•	(into rg, cordin		40.					
b	Permanent endowment %									
c	Term endowment ► %	0								
•	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
3a	Are there endowment funds not in the posses		tion that are he	ld and admi	inistered	for the				
ou	organization by:				inicialitica				Yes	No
								3a(i		
								· · ·	-	
b	If "Yes" on line 3a(ii), are the related organization								<u>'</u>	
4	Describe in Part XIII the intended uses of the	•		• • • • • •		•••				-
	rt VI Land, Buildings, and Equip									
1 41	Complete if the organization a		on Form 9	0 Part I	/ line 1	11a S	ee Form 990	Part X	line 1	0
	Description of property	(a) Cost or oth) Cost or other			Accumulated		ok value	
		(investm		(other)		• •	epreciation		1000	
1a	Land		-	. ,						
b	Buildings									
	Leasehold improvements									
c d				116	,605		73,021		42	584
				110	,005		/3,021		чэ,	104
<u>e</u> Total	Other		rt X. column (3) line 100)				13	E Q /
rold	\mathbf{I} , \mathbf{A} and \mathbf{I} into a unit ought the (COIMININ (d) INUSE	-yuai r 0111 990, Pa		, iii e i uc.,		• • •	•••••		43,	584

Schedule D (Form 990) 2020 Habitat for Humanity Inc of	the New River V	alley 54-1367548 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII Investments Program Polated		

Investments - Program Related. Part VIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1Real estate held for development	175,902	Cost
(2)Construction in progress	267,820	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	443,722	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Ecurity Deposits	1,549
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ►	1,549

Part X Other Liabilities.

EEA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2@ift Cards	1,446
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ►	1,446

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

	Habitat for Humanity Inc of the New River Valley	54-1367548	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	572,827
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	572,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	8	
С	Add lines 4a and 4b	4c	1,694,178
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,267,005
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,015,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,015,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	в	
C	Add lines 4a and 4b	4c	1,694,178
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,709,273
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues included on Form 990 (Part XI, line 4b)

Construction costs for houses sold during the year are netted with proceeds on the audited financial

statements, but they are shown separately as revenues and program expenses on Form 990.

02. Other expenses included on Form 990 (Part XII, line 4b)

Construction costs for houses sold during the year are netted with proceeds on the audited financial

statements, but they are shown separately as revenues and program expenses on Form 990.

SCHEDULE I			ants and Othe				I	OMB No. 1545-0047
(Form 990)	Covernments and Individuals in the United States					ites		2020
Department of the Treasury		Complet		Open to Public				
Internal Revenue Service				 Attach to Form 990. .gov/Form990 for the 				Inspection
Name of the organization							Employer identification	n number
Habitat for Human							54-1367548	
	Information on							
-			ount of the grants or ass	-				
	•						•••••	. <u>x</u> Yes No
2 Describe in Part IV			<u> </u>					
			-		•	organization answered	"Yes" on Form 99	0,
			hore than \$5,000. Pa					(1) D
1 (a) Name and addres or govern	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Habitat for Hu				gran		other)		To carry out
270 Peachtree St								the org's
Atlanta GA 30303		91-1914868	501(c)(3)					mission
(2)								
(-)								
(3)								
(-)								
(4)								
(5)								
(6)								
(7)								
(0)								
(8)								
(9)								
(-)								
(10)								
2 Enter total number	of section 501(c)(3) a	nd government organi	zations listed in the line	1 table		· · · · · · · · · · · · · ·	· · · · · · •	·
3 Enter total number	of other organizations	listed in the line 1 tabl	e					

Schedule I (Form 990) (2020) Habitat for Humanity Inc of the New River Valley 54-1367548 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Part III can be duplicated if additiona		•	· g		, ,
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addi	tional information.

Page 2

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number

54-1367548

Habitat for Humanity Inc of the New River Valley

01. Form 990 governing body review (Part VI, line 11)

A draft copy of the 990 is reviewed by the treasurer prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Employees and board members are required to sign an annual conflict of interest statement.

03. CEO, executive director, top management comp (Part VI, line 15a)

The executive committee evaluates, on an annual basis, the performance and goals of the

executive director, and reviews regional and national Habitat for Humanity salary data in

making a determination of the executive director's compensation.

04. Other officer or key employee compensation (Part VI, line 15b

The executive committee evaluates, on an annual basis, the performance and goals of all

compensated officers and key employees (if applicable), and reviews regional and national

Habitat for Humanity salary data in making a determination of their compensation.

05. Governing documents, etc, available to public (Part VI, line 19)

A copy of the organization's by-laws, conflict of interest policy, financial statements

and Form 990 are maintained at the organization's office and are made available upon

request.

Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
Habitat for Humanity Inc of the New River Valley	54-1367548

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Habitat for Humanity Inc of the New River Valley Address: 1675 North Franklin Street, Christiansburg, VA 24073 EIN: 54-1367548 Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Habitat for Humanity Inc of the New River Valley 54-1367548 Other Expenses - Programs Description Amount Auto expense \$ 23,659 FISH 10,141 Miscellaneous 3,479 Dues and subscriptions 3,479 Total: \$ 47,516 Description Amount Auto expense \$ 96 Miscellaneous \$ 96 Other Expenses - Fundraising \$ 9,459 Other Expenses - Fundraising \$ 29,459 Other Expenses - Fundraising \$ 400	990	Overflow Statement		2020 Page 1
Description Amount Auto expense \$ 23,659 FISH 10,141 Miscellaneous 10,237 Dues and subscriptions 3,479 Total: \$ 47,516 Other Expenses - Management and General Description Auto expense \$ 96 Miscellaneous \$ 96 Miscellaneous \$ 96 Payroll processing 473 Dues and subscriptions 3,574 Other Expenses - Fundraising Other Expenses - Fundraising Description Miscellaneous \$ 9,459 Amount \$ 225 35	Name(s) as shown on return Habitat for H	umanity Inc of the New River Valley		54-1367548
Auto expense \$ 23,659 FISH 10,141 Miscellaneous 3,479 Dues and subscriptions Total: \$ 47,516 Other Expenses - Management and General Amount Auto expense \$ 96 Miscellaneous \$ 3,674 Payroll processing 3,574 Dues and subscriptions 3,574 Cother Expenses - Fundraising 3,574 Description 3,574 Miscellaneous 5,316 Payroll processing 3,574 Dues and subscriptions 3,574 Miscellaneous 3,574 Amount \$ 225 Auto expense \$ 225 Auto expense 35		Other Expenses - Programs		
FISH 10,141 Miscellaneous 3,479 Dues and subscriptions 3,479 Total: \$ 47,516 Other Expenses - Management and General Description Auto expense \$ 96 Miscellaneous 5,316 Payroll processing 5,316 Dues and subscriptions 3,574 Cother Expenses - Fundraising 3,574 Other Expenses - Fundraising Amount Miscellaneous \$ 225 Auto expense 35				
Miscellaneous 10,237 Dues and subscriptions 3,479 Total: \$ 47,516 Other Expenses - Management and General Amount Auto expense \$ 96 Miscellaneous \$ 3,574 Payroll processing 3,574 Dues and subscriptions 3,574 Other Expenses - Fundraising 3,574 Description \$ 9,459 Other Expenses - Fundraising Amount Miscellaneous \$ 225 Auto expense 35	<u>Auto expense</u> FISH		\$	
Total: \$ 47,516 Other Expenses - Management and General Amount Auto expense \$ 96 Miscellaneous 5,316 5,316 Payroll processing 473 473 Dues and subscriptions 3,574 3,574 Other Expenses - Fundraising 9,459 9,459 Miscellaneous \$ 225 Auto expense 35 35	Miscellaneous			10,237
Description Amount Auto expense \$ 96 Miscellaneous 5,316 Payroll processing 473 Dues and subscriptions 3,574 Total: \$ 9,459 Other Expenses - Fundraising Description Amount Miscellaneous \$ 225 Auto expense 35	Dues and subs		\$	
Auto expense \$ 96 Miscellaneous 5,316 Payroll processing 473 Dues and subscriptions 3,574 Total: \$ 9,459 Amount Miscellaneous \$ 225 Auto expense 35		Other Expenses - Management and General		
Miscellaneous 5,316 Payroll processing 473 Dues and subscriptions 3,574 Total: \$ 9,459 Other Expenses - Fundraising Amount Miscellaneous \$ 225 Auto expense 35			<u> </u>	
Payroll processing 473 Dues and subscriptions 3,574 Total: \$ 9,459 Other Expenses - Fundraising Amount Miscellaneous \$ 225 Auto expense 35				
Total: \$9,459 Other Expenses - Fundraising Amount Miscellaneous \$ 225 Auto expense 35	Payroll proce	ssing		473
DescriptionAmountMiscellaneous\$ 225Auto expense35	Jues and Subs		\$	
Miscellaneous\$225Auto expense35	Decariation			Amount
			\$	225
	<u>Auto expense</u>			
		10001.	۳	